PLACE OF DEATH	12063 STATE OF MARYLAND
County / 1	CERTIFICATE OF DEATH
11111	Registration Dist. No. 203
Village or City / Lock / tallo.	St: Ward) (If denth occurred in
2FULL NAME Kale 1320	tion, give its NAME Is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH OLD 7 7 19231 (Month) (Day) (Year)
(Month) (Day) (Year)	thet I last sew here alive on Suff 2 4 , 192 , 1
7 AGE [If LESS than	and that death occurred on the date stated above, at
7 (The CAUSE OF DEATH * was as follows
yrs. mos. Ods. or min.?	General dentil
(a) Trade, profession or particular kind of work	Sal Heat trouble
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. / mos 2 ds.
9 BIRTHPLACE	Contributory
(State or country)	Secondary (Duration)
10 NAME OF	(Signed) M. D.
FATHER George M Much	iti. An Il aco
OF FATHER	*State the Discase Causing Death, or, in deaths from
(State country)	Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place
OF MOTHER (State or Country)	of deathyrsds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
Watter Breeze	Former or usual residence
(Informant) // WWW WMW)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Medley Grafall (Cc) 24, 193
15 Filed 10/24 1931 B. Lew Duding Registrary	20 UNDERTAKER STILL POND
If more bianks are needed, address State Registrate	, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octhe first line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) (Recommendations on statement of cause of approved by Committee on telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is loss definite; avoid Never report mere symptoms or terminal condi cough; Chronic and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

		201
	/ PLACE OF DEATH	12054 STATE OF MARYLAND
	County / hard	CERTIFICATE OF DEATH
	0	Registration Dist, No.
	Village or City Belle 2001 (No	(16 depth control is
	a o o do	a hospital or institution, give its NAME in
	2FULL NAME Control of the	vreue Elly stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
2	OF DIVORCED (Write the word)	(Jef 2) 1922/
	6 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
	Get 27 1931	192 . to Oct 28, 1923
	(Month) (Day) (Year)	that I last saw her alive on Oct 28 Th, 193/
	7 AGE If LESS than	and that death occurred on the date stated above, atm
	yrsds. ormin.?	The CAUSE OF DEATH * was as follows:
	8 OCCUPATION (a) Trade, profession or	Valrular Heur Frontle
G	particular kind of work	
1	(b) General nature of industry business, or establishment in	(Duration) yrs, mos de
	which employed or (employer)	Contributory mokenom
	(State or country) Lent Co	Secondary (Duration) vis mes de
	TO NAME OF BALLY DAY POPPE	(Signed) I. J. Almale M. D.
	I BIRTHEI ACE	Oct 29 1923/(Address) Still Pond
	OF FATHER (State or country) 12 MAIDEN NAME PORTS	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	a of Mother Horenes C Milles	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	OF MOTHER SAPOSTON Sul	At place In the of death yrs mos ds. State yrs mos ds.
	(State or Country) 14 THE ABOVE IS TRUE TO THE BEST QF MY KNOWLEDGE	Where was disease contracted, it not at place of dea.h?
	Robert An 2000.	Former or usual residence.
	(Informant)	19 PLACE OF BURIAL OR BEMOVAL A DATE OF BURIAL
	(Address) Sellellon Ful	Lusles Cembery Oct 29, 3
	15 Filed Det 29 198/ Melars	20 UNDERTAKER COLORES Still Found
	If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Houscwife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dcal-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pncumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), American Medical Association.) approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Example: Measles (disease affection need not be Nomenclature of the Measles;

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tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken work, or At Home, and children, household only (not paid Housekeepers who rcceive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day not gainfully em-(b)

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Exhaustion, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traincough; 9 9 "Heart failure," "Haemorrhage," Chronic valvular heart disease; Always qualify all

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N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, RHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD PERMA WITH UNFADING INK-THIS IS A WRITE PL

BINDING

MARGIN RESERVED FOR

V. S. No.

PLACE OF DEATH	12056 STATE OF MARYLAND		
County Lew	CERTIFICATE OF DEATH		
THE CORPOSATE OF O	Registration Dist. No. 202		
Village or City Wesleghound	St: Ward) Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWESS, OR DIVERCES (Write the word)	16 DATE OF DEATH Oblater 3., 193/ (Month) (Day) (Year)		
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 1 to 01 192 1, that I last saw h realize on 02 2 1, 192 1,		
7 AGE	and that death occurred on the date stated above, at A_m,		
yrs. 6 mos. 0 ds. or min.?	The CAUSE OF DEATH * was as follows:		
(a) Trade, profession or particular kind of work	Ternaciones anemia		
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Mushing The Acom		
9 BIRTHPLACE (State or eountry) 10 NAME OF	Secondary (Duration) yy da.		
FATHER John Rudson	(Signet M. D. M. D.) (Address) Chestutatro ~		
State or country) Maryland	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
of MOTHER Jergenia greath	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)		
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of deah?		
(Informant) Hohe B Hudson	usual residence		
(Address) Phesty Lower Ma	Ofustularen Md Cal 4 1931		
15 Filed Oct 3 - 198/205 T Hicks	W J Hicks tystertown		
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.			

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DE gaged in domestic service for wages, as Servant, Cook. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material For many occupations a single word or term on Stationary fireman, etc. But in many Locomotive engineer, Grocery; THE

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup."); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of death American Medical Association.) (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; "Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic valvular heart disease; etc. The contributory

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(Day)

(Year)

IIf LESS than I day hrs.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

(If death occurred In a hospital or institu-tion, give its NAME li-stead of street and number.)

MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH Cled-13, 1931			
(Month) (Day) (Year)			
17 I HEREBY CERTIFY, That I attended the deceased from			
Oct 6 198/. to Cect 2, 198/,			
that I last saw held alive on Och 12 , 1927,			
and that death occurred on the date stated above, at m.			
The CAUSE OF DEATH * was as follows:			
Valvular HEart Disease			
# # # # # # # # # # # # # # # # # # #			
viede.			
Contributory supposed			
(Signed) (Address) Stell (Brid) M. D.			
*State the Discaso Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.			
1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)			
At place of deathyrsmosds. In the Stateyrsmosds,			
Where was disease contracted, if not at place of dea.h?			
Former or usual residence			
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL			
4 M from Cem Oct 14, 19.31			
20 UNDERTAKER ADDRESS			
BR relevus Still found.			

Registrar

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Light laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Automobile factory. The material (6) Grocery,

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> stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicacmia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) cough; 'Congenital,' "Senile,' etc.), "Dropsy,
> " "Heart failure," "Haemorrhage, Chronic Example: Measles (disease etc. The contributory affection need valvular heart disease; not be

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Every item of information should be carefully supplied. ACE chould be stated EXACTLX, FIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified statement of OCCUPATION is very important. See instructions on back of certificate. BINDING PERMAN FOR K S TH UNFADING INK--THIS MARGIN RESERVED WRITE PLA

V. S. No. 1

200 ż

	12058
PLACE OF DEATH	STATE OF MARYLAND
County Mesh	CERTIFICATE OF DEATH Registration Dist. No. 202
Village or City Pelsota (No. 2FULL NAME Lucinda Koya	St.: Ward) St.: Ward) a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	, MEDICAL CERTIFICATE OF DEATH
Tourse Black Spingle, Married Parried Of Divorced (Winter the word)	16 DATE OF DEATH 8 , 19 3 /
(Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from Sept 24 1931 to Och & 1931 that I last saw hand alive on Och 2 1931
AGE Abul. Byrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	(Durstion) yrs. mos. ds. Contributory Secondary (Durstion) yrs. mos. ds.
10 NAME OF FATHER COMMENTS 11 BIRTHPLACE OF FATHER (State or country) Comments OF FATHER OF FATHER (State or country)	(Signed) M. D Od, 9 1924 (Address) Special Means *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER LUSCO	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs des State yrs des Where was disease contracted,
(Informant) Anny Willis (Address) Authorns PA)	if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Och 10 > 183/
Filed Och 10 19281 W. J. Alicks Registrar	Ryand Sutton Chistertown
If more blanks are needed, address State Registra	r, 16 V. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a, additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (ne or given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, to report specifically the occupations of persons en ployed, as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term or yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the (b) COOK,

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospina EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," to time and causation), using always the same accept Statement of Cause of Death-Name, first, the DIS

> Letatius) may be stated under the head of "contributory."
>
> Recommendations on statement of cause of death approved by Committee on inges, perilonocum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid ". PUERPERAL septicucmia," "PUERPERAL peritonilis," etc. stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The n ture of the injury. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by ruplway train or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uruemia," "Weakness," etc., when a definite disease (secondary American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi or intercurrent) affection need Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature Always qualify all not be

answered in detail, it will prevent further correspondence. All the permanently filed If this certificate is looked over thoroughly and a l questions

3 1931

d EXACTLY, PHYSI-	Village of County Vers (No. Chester 2FULL NAME Mary Cathe	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 204 (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
Tate	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RMA NOING NOING NOING THE STATE OF STAT	Junal Pal Single, MARRIED, WIDOWED OR DIVORDO (Write the word)	16 DATE OF DEATH Oct. 74, 193/ (Month) (Day) (Year)
BIP Eh	(Month) (Day) (Year	17 I HEREBY CERTIFY, That I attended the deceased from Aug 1 1920/. to Oct 7/ , 1920/. that I last saw h alive on Oct 7/ , 192,
ED FOR THIS IS A plied. ACE rms so that	7 AGE 16 LESS than 1 day hrs. or min	and that death occurred on the date stated above, at
SERV INK IIIy sup IIIy sup IIIy sup IIIy sup IIIy sup IIIy sup IIIy sup III	(a) Trade, profession or particular kind of work (b) General nature of industry	Chronic meghinitis : 5 years' duration curson,
ADING ATH IN	business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Macyland	(Duration) yrs. mos ds. Contributory Secondary
MARGIN TH UNFADI should be co	10 NAME OF THE PROPER	(Signed) Free Develop D. (Address) (Address) (Dushelows)
ation CAUS TION	C State or country) Maryland 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Informa state ccupa	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs
ITE PL tem of should ent of 0	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of death? Former or usual residence
Levery Ite	(Address) Cherterlogen &	Seage Town at 97, 1931
W. N.	15 Filed Ook 24 1931 Ooo Freeld Registrar	aslwy Henry and Chesterlann
> Z	If more branks are needed, address State Registra	r, 16 W. Saratoge St., Balto., Requesting V. S, No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very inportant, so that the relative healthtion applies to each and every person, irrespective of For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, Stationary freman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (c) Foremon, (b) Automobile factory. The material material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Doy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary,, may be entered as Housewife, Houseor At Home, and children, not gainfully employed, as At school, or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servanl, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Furner (revired 6 yrs). For persons who have no occupation Statement of Occupation-Precise statement of oc-The quesfulness of various pursuits can be known. whatever, write None. Civil engineer, work,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrosquad meringitis"); Dinhiberia avoid use of "Croup"); Typhoid form never report "Typhoid Pneumonia"); Lobar preumonia, Brong year ("Pneumonia");

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease Always qualify all diseases resulting from childbirth or miscarriage as inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Chronic interstitial nephritis, etc. The contributory (secondar, or intercurrent) affection need not be causing death), 29 ds.; Bronchopneumonia (secondary), and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, accident; Revolver wound of head-homicide; Poisoned by carbolic ocid-probably suicide. The n.ture of theinjury, as fracture of skull, and consequences (e. g., sepsis, (Recommendations on statement of cause of death unqualified, is indefinite); Tuberculosis of lungs, menstated unless important. Example: Measles (disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY or as probably such, if impossible to determine definitely. telonus) may be stated under the head of "contributory." atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility," ("Congenital," "Senile," etc., "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," Examples: Accidental drowning; Struck by railway train-"PUERPERAL scpticaemia," "PUERPERAL perilonitis, approved by Committee on Nomenclature Chronic valvular heart can be ascertained as the cause. American Medical Association.) Whooping cough;

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Kent Cv. Near Galena Village or City Galena PAnna Mayer	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 200 St.: Ward) (If death occurred a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE Windows D. MARRIED. Wildow Windows D. OR DIVORCED (Write the word) 5 DATE OF BIRTH 3, 1892 (Month) (Day) (Yest) 7 AGE 18 DOCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Sweden 10 NAME OF FATHER (State or country) Sweden 11 BIRTHPLACE OF FATHER (State or country) Sweden 12 MAIDEN NAME DELEBRING 13 BIRTHPLACE OF MOTHER (State or country) Sweden 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 8-30-3/192 to 10-27-3/, 192 that I last saw here alive on 10-27-3/, 192 and that death occurred on the date stated above, at 8 NOVE m
(Address) 239/ Favidan ave. 15 Filed Q.A. 31 193/ Lyst min (Registrar	Share of Burial OR REMOVAL Share of Burial Share Share Clayed Md. Oct. 30, 1931 20 UNDORTAKER LABOR Son Milligton J.
	Village or City Salena No. 2FULL NAME HARNA Meyer PERSONAL AND STATISTICAL PARTICULARS 9 SEX

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from whatever, write None. er," etc., business, that fact may be indicated thus; Farmer Le or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer." "Foreman," "Manager." "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a Form laborer, without more precise specification as Day (b) Automobile factory. The materia (a) the kind of work and also (b) the Loborer-Salesman. single word or term on -Coal mine, etc. Wom-6 Grocery,

Statement of Cause of Death—Name, first, the DISEBA IS CAUSEING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilieria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonio, Bronchopneumonia ("Pneumonia,")

permanently filed

American Medical Association.) It this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is . approved Recommendations on statement of cause of diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease carbolic acid-probably suicide. The nature of the injury aecident; Revolver wound of head-homicide; Poisoned by stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by rollwoy trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" (secondary unqualified, is indefinite); Tuberculosis of lungs, menanus) may be stated under the head of "contributory." "Atrophy," "Collapse, perilonocumi, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid by cough; or intercurrent) Committee on for malignant neoplasms); Chronic valvular heart disease; " "Coma," "Convulsions, affection etc. The contributory Nomenclature of the need Measles; not be

V. S. No.

M. M.

PLACE OF DEATH County Kent Village or City Solts. (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and or street a
-FULL NAME	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Wildowed. White Write the word)	16 DATE OF DEATH October 22, 193/ (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1921 to 2 2 1921, that I last saw here alive on 00 1921,
7 AGE	and that death occurred on the date stated above, at 3.00 A.m. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) new Massey med.	Contributory Secondary (Duration) (Signed) (Signed) (M. D.
FATHER Henry moffett.	Od 21 1931 (Address) Bill of
of FATHER (State or country) Md.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Hattie Forrober	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or country)	At place 4 of death yrs mos ds. In the State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of deah?
(Informant) Henry Moffett. (Address) Solla, Md.	Former or usual residence
Filed Od 24 192) Ac- Bues Registras	John a. Tolin Son millington
If more blanks are needed, address State Registrar	,(18 W. Saratoga St., Balto., Requesting V. S. No. 1.

BEWSED E OF LEATH STANDARD

(Approved by U. S. Healt Health Association.) Census and American Public

state .occupation at beginning of illness. If retired Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion whatever, write None business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken work, definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-(a) nature of the business or industry, and therefore an sary to know cases, Civil ongineer, fulness of various pursuits can be known. The ques-Statement of Occupation—Precise statement of occupation is very important, so that the relative health household only laborer, Physician, worked on may form part of the second statement. report specifically the first line will be sufficient, e. g., Farmer or Planter, Foreman, applies to each and every in domestic service for wages, as Scrvant, Cook, Q especially in industrial employments, it is neces-For many occupations a yrs). Farm laborer. At Home. (b) Cotton without more precise Compositor, Stationary fireman, etc. For persons (a) the kind of work and also (b) the (not paid Housekeepers who receive If the occupation has been changed Automobile and mill; (a) Salesman. Architect, Locomotive Laborerchildren, occupations of who factory. The single word or term or Coal mine, etc. person, irrespective of have specification as Day not gainfully no occupation But in many persons engineer, materia Grocery; Womfrom emen-

niening Cause of Death—Name, first, the DIS-V DISTALL the primary affection with respect the acceptance of the discase. Examples: Carebrospinal vefaulte synonym is. Epidemic cerebroer report by Branchapne report of it C ann oup"

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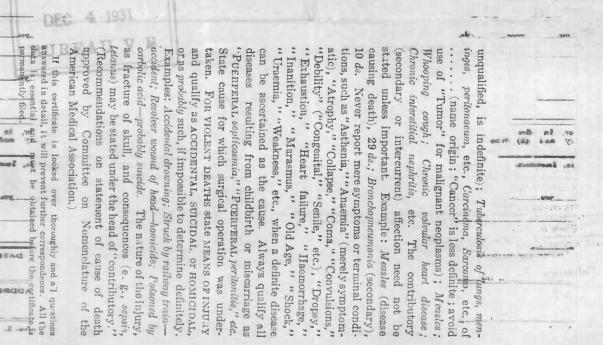
Sweet Street, Truste

DATE OF BURNS

With the state of the state of

answered in detail, it will prevent further correspondence.

American Medical Association.)



STATE OF MARYLAND—	CERTIFICATE OF DEATH		
1. PLACE OF DEATH			
County Krist	Registration Dist. No.		
Village or City Mullington	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
	death occurred in a hospital of matteriori, give its IVAIVE instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME Rev. H. W. Must	by		
(a) Residence: No. Mulling hu Med	St., Ward.		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oct. 28-,193/ (Month) (Day) (Year)		
Sa. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. HEREBY CERTIFY That I attended deceased from		
6. DATE OF BIRTH (month, day, and year) Ours, 20 1874	I last saw have alive on Ob. 19./ death is said		
7. AGE 4-7 Yaars Months Pays If LESS than	to have occurred on the date stated above, at		
2 80 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:		
8. Trada, profession, or particular	(A)		
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	Cerebral Herryrkage		
9./Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.	(Sudden)		
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) spant in this occupation			
	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town) (State or country) (State or country)	CM. hebertited Nefferba		
13. NAME THE THE PORT OF THE PARTY OF THE PA			
14. BIRTHPLAGE (city or town)	Name of operation		
(State or country)	What test confirmed diagnosis?		
15. MAIDEN NAME Clary E. Buller	23. If death was due to external causes (VIOLENCE) fill In also tha following:		
16. BIRTHPLACE (city or town) 12 4 1	Accident, suicide, or homicide? Date of Injury, 19		
(Stata or country) Villertown, Md.	Where did injury occur?		
17. INFORMANT Anne & Murphy (Addrass) millington har	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury		
Placa Coleman pala Mor. 2, 1931	Nature of injury		
19. UNDERTAKER Sarah & Moore (Address) midd lelown Del	24. Was disease or Injury in any way related to occupation of deceased?		
20, FILED Oct 30, 1931 Merrit Buce	(Signed) Munital Brice M. D. (Address) Mulling to Meg		
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrats 4 1031	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County. Registration Dist. No. erly classif rtificate. (If death occurred in Village or City Ward) a hospital or institution, give its NAME is - stead of street and number.) proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED BINDING WIDOWED OR DIVORCES (Write the word (Day) (Month) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) (Year) IlfLESS than 7 AGE and that death occurred on the date stated above, at ... I day hrs. The CAUSE OF DEATH * was as follows: ds. or min.? 6 OCCUPATION ERV (a) Trade, profession or particular kind of work 0 (b) General nature of industry d business, or establishment in which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed) FATHER 0 (Address) 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in deaths from Z SZ Violent Causes, state (1) Means of Injury and (2) Whether CAU (State or country) Accidental, Suicidal or Homicidal. RE 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 OF MOTHER state SCUP/ ients or Recent Residents) CCU 13 BIRTHPLACE In the At place OF MOTHER State of death ... (State or Country) onid o Where was disease contracted, if not at place of death?.... 14 THE ABOVE IS TRUE TO THE OF MY Former or usual residence (Informant) Every it CIANS stateme Registrar If more branks are needed, addre. a Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., Civil engineer, Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Dealwhatever, write None. Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Stationary fireman, etc. But in many Locomotive engineer, 6 Grocery;

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

permanently filed

If this certificate is looked over thoroughly and a'l quastions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is accident; Revolver wound of head-homicide; Poisoned by (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS State MEANS OF INJUNY (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephrilis, etc. The contributory Nomenclature of the

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deaths from (2) Whether

DATE OF

(If death occurred in

a hospital or institu-tion, give its NAME instead of street and

number.)

(Day)

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomoline engineer. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Foreman, For many occupations a single word or term on or At Home, and children, Farm laborer, Loborerwithout more precise specification as Day (b) Automobile factory. The materia (a) the kind of work and also (b) the -Coal mine, etc. Womnot gainfully em-Grocery.

Statement of Cause of Death—Name, first, the DISTERANCE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*erebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobor pneumonia, Bronehopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, stated unless important. Example: Measles (disease approved by Committee on Nomenclature occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State eause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Uruemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Taemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Brunchopneumonia (secondary), (secondary or intercurrent) affection need Chronie interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of as fracture of skull, Examples: Aecidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Exhaustion," Whooping American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic and consequences (e. g., sepsis, etc. The contributory valvulor heart disease; Always qualify all not be

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PLACE OF DEATH STATE OF MARYLAND County Lews CERTIFICATE OF DEATH Registration Dist. No. (If deeth occurred in Ward) a hospital or institution, give its NAME it stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED. WIDOWED. OR DINORCED (Write the word) (Month) (Day) 6 DATE OF BIRTH That I attended the deceased (Month) (Day) (Yeer) 7 AGE If LESS than and that deeth occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed) FATHER (Address) 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether RENT (State or country) Accidental, Suicidsl or Homicidal. 12 MAIDEN NAM OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death (State or Country) Where was disease contracted, if not et place of dea.h?.. 14 THE ABOVE IS Former or usuel residence. (Informant) (Address

If more blanks are needed, address State Registrar, 16 W. Saratoge St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Foreman, (b) Automobile factory. The materia For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Grocery; The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on "" "Weakness," etc., when a definite disease cough; Chronic valvular heart disease; Example: Measles (disease affection need not be etc. The contributory Nomenclature of the Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. ciassifie (If death occurred in Ward) a hospital or institu-tion, give its NAME in-stead of street and EXA number.) proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE of 4 COLOR OR RACE 3 SEX eq WIDOWED back OR DIVORCED may (Write the word) (Month) (Day) HEREBY CERTIFY, That Lattended the deceased from 6 DATE OF BIRTH that instruction (Month) (Day) (Year) If LESS than and that death occurred on the date stated above, at 7 AGE The CAUSE OF DEATH * was as follows: I day hrs. min.? 8 OCCUPATION (a) Trade, profession or particular kind of work refully pia (b) General nature of industry business, or establishment in importa which employed or (employer) Contributor TH 9 BIRTHPLACE (State or country) Be EA 00 10 NAME OF 3 1 FATHER Shore E OF 11 BIRTHPLACE ENTS OF FATHER the Disease Causing Death, or, in deaths from, S Violent Causes, state (1) Means of Injury and Accidental, Sulcidal or Homicidal. (2) Whether CAU (State or country) 12 MAIDEN NAME œ 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, PA OF MOTHER occupy ients or Recent Residents) 13 BIRTHPLACE In the . At place OF MOTHER of deathmos.. (State or Country) Where was disease contracted, if not at place of death?. of 14 THE ABOVE IS TRUE TO THE BEST OF MX shoul Every item CIANS sho statement Former or usual residence OF BURIAL OR REMOVAL DANE OF BURIAL ADDRESS 20 UNDERTAKER Registrar If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V.

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(Approved by U. S. Census and American Public Health Association.)

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> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertlonitis," etc. stated unless important. Example: Measles (disease inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, taken., For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. approved by Committee on clanus) may be stated under the head of "contributory." accident; Revolver wound of head—homicide; Poisoned by Examples: A ceidentol drowning; Struck by railwoy trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, (secondary Whooping American Medical Association.) Recommendations on statement of cause of as probably such, if impossible to determine definitely "Atrophy," "Collapse," "Coma," "Convulsions, or intercurrent) affection need cough; Chronic etc. The contributory valvular Nomenclature Always qualify all heart not be disease;

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